To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Year)

(Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. Thomas O.	Thomas O.	Street: 2530 N. 70 St.	☐ Town ☐ Village	1//18/2011	Email	
MALONE	Malone	City: Wauwatosa zip.53213	ACity Wauwatosa	(Month) (Day) (Year)	Phone ()
2. Deborah S.	Deborah S.	Street: 2509 N. 69th 5t.	☐ Town ☐ Village	11/19/2011	Email	
Gade	Yade	city: Wauwatosa zip: 53213	Xcity Wauwatosa	(Month) (Day) (Year)	Phone ()
3. Mary Jo Malone	May J. Walma	Street: 2530 N. 70th ST.	□ Town □ Village	11/19/20/11	Email	
		City: Warwatusu zip: 53213	P'City Wavwatasa	(Month) (Day) (Year)	Phone (·). '
4. Belinda J.	Belinda J.	Street: 2331 N. Le15t St.	□ Town □ Village	11 /19/2011	Email	
Kenwood	Kenwood	City: Wauwatosa zip: 53213	XCity Wauwatosa	(Month) (Day) (Year)	Phone () .
5. Jonathou	Towar Bruch	Street: 2415 N. 72hd ST.	□ Town □ Village	11 /26/2011	Email	:
Leubner		City: Weumentoga zip.53213	City Wanwotosa	(Month) (Day) (Year)	Phone () .
6. Mary tonnoty-tenbaco	: D. C. C. C. C.	Street: 3415 N. 72 nd St	□ Town	11/36/20 <u>11</u>	Email	
Connolly-Lewbon		City: Were 1030 zip: 53013	O Village Warratosa	(Month) (Day) (Year)	Phone ()
7. Banjanin Londoner	h	Street: 2415 N. 72nd St	□ Town	11 /25/204	Email	
Benjamin Lembrer EN	Labour Labour	City: Wannafosq Zip: 53213	Village Wannafoga	(Month) (Day) (Year)	Phone ()
8. Joseph Tschachler	Joseph Rechardler	Street: 4515 4.44 St. EM	□ Town	12/25/2011	Email	
JOSEPH 17CHACHURI	97	City: BROOKFIELD Zip: \$5300	Village BROOK FIELD	(Month) (Day) (Year)	Phone ()
9. PRISCILLA TSCHACHLER	Priscilla Techschler	Street: 4515 n. 149 th y. 1	□ Town	12/201/	Email	
		City. Brookfield Zip. 53005	Village X City BROOK FLELD	(Month) (Day) (Year)	Phone (.)
10.		Street:	□ Town	/ /20	Email	
		City: Zip:	─ □ Village □ City	(Month) (Day) (Year)	Phone ()
	Certification	of Circulator	<u> </u>			
Emily malon-		rtify): I reside at 3530 N. 70	th St. Wanwa	to501	Cinal-	·*············
(Name of Circ	ulator)	(Circulator's Residence – Street name ar	nd Number) (Circulator)	Municipality)	Circula	i tors , please in

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Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to 1 PO Box 2569

THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC			
Print: Amy Biggam Sign: Amy Brigs	street: 5922 W. Michigan St.	Town Village City Wawnatasa (Municipality Name)	/11/2012 (Month) (Day) (Year)	Email C-Mybig Phone ()			
2. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ 20(Month) (Day) (Year)	Phone ()			
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4. Print:	Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	//20(Month) (Day) (Year)	Email Phone			
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ 20	Phone ()			
I, Emily malone,	(certify): I reside at Certification of Circulator 70+h	t. Wanna	tosa	Circulators,			

named in this petition. I kn	now that each pe	son signed the paper		ow that the signers are electors of the jurisdiction ate indicated opposite his or her name. I know the		
1,	13	/2012	mn	The second secon	Page No. (Official Use Only)	- I I I

(Signature of Circulator)

(Printed Name of Circulator)

(Day)

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(Circulator's Residence - Street Name and Number)

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Ryan Welsh	Rural address must also include box or tire no. 9854 V. Street Avenue.	☐ Town ☐ Village 28 City	1/13/20 18	in Ginels.
sign: Ray W	city: Wanwatosa zip: 53226	Wankatosa (Municipality Name)	(Month) (Day) (Year)	Phone (4 1 4)
2.	City: V ()	□ Town		Email
Print:	Street:	☐ Village ☐ City	/ /20	
Sign:		(Municipality Name)	(Month) (Day) (Year)	Phone ()
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	City: Zip:	(Mamopant) Tamo)		7
4.		☐ Town ☐ Village		Email
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		(Municipality Name)	(Month) (Day) (Year)	Phone
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(Circulator's Residence - Street Name and Number)

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Village Wanwatosa Phone city: Wauwatosa Zip: 53213 Email 12100 as Bluemound Rd ☐ Town 1/0/2d21

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	Melody A Moy	Miller	l'Ague	city: Wauwato5a	zip: 53236 Tity	DEOTONDO .	(Month) (Day) (Year)	Phone ()
	6.	. 01	1 D n	Street: 2877 N. 417th St	☐ Town☐ Villag		1/9/2012	Email	
	Hannah Barbea	III Hama	h Bouleau	cin: Wauwatosa, Wl	zip: 53222 Picity	Manmatosa	(Month) (Day) (Year)	Phone ()
	7.			Street: 8003U.NOA	NAVO#2 Town		1/9/2012	Email	
	Yans Jahnsa	1		city: WHUWORD PO	zip: 5303 Zoty	Walleton	(Month) (Day) (Year)	Phone ()
	8.			Street: 6001 W RICHMOND AN	€ □ Town		1/12/2012	Email	
	MARRY BURIAN	1111		city: MILWAVKEE	zip: 539/0 City	MIWAVKEE	(Month) (Day) (Year)	Phone ()
	9.		111/	Street: 2874 N- 901h.	ST. DTown		01/13/2012	Email	
	Robert. Wood	and from	J. Woonan		zip: 53222 to City	Milunicee	(Month) (Day) (Year)	Phone ()
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	Solomon DE	May A	459	city: Mi/man/g-ee	zip: 55225 Kity	Milwanker	(Month) (Day) (Year)	Phone ()
_			Certification of	of Circulator					
I./	VALLY TOUR	154NP	, (certi	ify): I reside at 969 No. 1/8	5 31	WANDATT	2514	Circulato	OFE place
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				he signers are electors of the jurisdiction or dist residences given. I support this recall petition. I				Emi	444
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
Gensio IVES Dia	Herang Irm.	Street: 55 15 14 2 4 18 18 City: 1 August 10 15 15 15 15 15 15 15 15 15 15 15 15 15	Town PRINATOSA. Village CAUNA City	(Month) (Day) (Year)	Email Phone)
2. Kristy Marling	KeisterMouling	Street: 2041 Two tree Ln. City: Waywadosa zip: 53213	Town Walds Walds	i /13/20 12 (Month) (Day) (Year)	Phone ()
3. Eric Mc Attee	Eni MADee	Street: 2784 N. 98 Hs St.	Town Village Milroauls	/ //3/2012 (Month) (Day) (Year)	Phone ()
RUTH M SUNABy	publica mand	Street: 2121A W. GTM ST City: M.IWAUIRE WI ZID: 93208	Town Utilage Scity WIW AUKE	1 /B/2012 (Month) (Day) (Year)	<u> </u>	M4)
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Certification of Circulator

(Month)

(Day)

(Year)

(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers a	are electors of the jurisdiction or district represented by the officeholder named	in this petition. I know that each person signed
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Return by Jar Committee to PO Box 2569 Madison, WI

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1. Print_LAWITENCE MORGAN	Street: 4137 N48 Th 5T	☐ Town ☐ Village ☑ City	gs 1/10/2012	Email		
sign Lawrence Morgan	City: MOLWAUKEE Zip: 53218	Municipality Name)	(Month) (Day) (Year)	Phone ()		
2. Vernita Lee	3361 NO 36 # ST	□ Town □ Village ☑ City	38 1/10/2012	Email		
sign: Vernila Lee	City Milwaukoe Zip. 532/4	Milwaukee (Municipality Name)	(Month) (Day) (Year)	Phone ()		
3. Kenneth Tate	\$ 3314 N. 415 T	□ Town □ Village SKCity	1/10/20_12	Email		
Sign. Hermeth John Statories Cooder &	Milwitulcee 53214	Milwaukee 8 (Municipality Name)	(Month) (Day) (Year)	()		
Delories Dopen	3259N4/At	☐ Town ☐ Village ✔ City	1 / 12 / 2 / 2	Email		
Alories Cooper	Milwarkee Usis City: 933216 21p: 53216	Municipality Name)	/ //0/20/2 (Month) (Day) (Year)	Phone ()		
5. Print:	Street:	□ Town □ Village □ City	1 /20	Email		
Sign:	City: Zip:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
	Certification of Circulator	<u> </u>	<u> </u>			
I, Joanne Shansky, ((Printed Name of Circulator)	(certify): I reside at 2030 Church St. (Circulator's Residence – Street Name and Nu	(Circulator Munic		Circulators , Please include your co		
	btained each of the signatures on this paper. I know that the signers are elected	ors of the jurisdiction or district represented by t	he officeholder	Phone		

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Joanne Sharsky
(Signature of Circulator)

Phone

(414)

Email

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Return by Janu

Committee to F PO Box 2569 Madison, WI 5

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1. Print: David Ogden Sign: Cerit Del	Street: 3159 N. Knoll Terrace City: Waywatosa Zip: 53222	□ Town □ Village XCity _ Wauwa + osa (Municipality Name)	1/10/20 <u>12</u> (Month) (Duy) (Year)	()
2. Print: Lindsey Latteman Siko: Lindsey Fatter	Street: 1243 N. Glenview #4 City: Wauwatosa Zip: 53213	Town Village City Way wato Sa (Municipality Name)	1 /11/20_12_ (Month) (Day) (Year)	()
3. Print: Pam Saloun Sign: Pam Saloun	Street: 2531 N. 69th St.	□ Town □ Village X City WAUWA-OSA (Municipality Name)	[/ / 20/2. (Month) (Day) (Year)	Phone ()
4. Print:	Street:	□ Town □ Village □ City (Municipality Name)	//20 (Month) (Day) (Year)	Email Phone
5. Print:	City: Zip: Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
I, Joanne Shansky (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2030 Church St. (Circulator's Residence - Street Name and Nu	Wanwa to s		Circulators, Please include your con

	_		(Certifica	ation of Circulator		
Joanne	Shansl	24 (certify	v): I reside at 2	030	Church St.		Wanwatosa
	d Name of Circu		(Circu	lator's Res	sidence – Street Name and Nu	umber)	(Circulator Municipality)
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1. June Print: Fire D. Calkins Sign: June B. Calkins	of 7901 Warren Ave.	Town Village Village Village Village	gs 1 /11/20 <u>12</u>	Email
Sign: June D. Calkins	gle Lauratosa 532/3 city: Lauratosa 210: 5370598	(Municipality Name)	(Month) (Day) (Year)	(
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
	Certification of Circulator			
I, Joanne Shansky, (Printed Name of Circulator)	(certify): I reside at 2030 Church St. (Circulator's Residence - Street Name and Nu	Vumber) Wan wa to (Circulator Muni	≤a. ucipality)	Circulator: Please include Phone
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	obtained each of the signatures on this paper. I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or its punishable under S.12.13(3)(a), Wis. Stats.	or for the jurisdiction or district represented by for her name. I know their respective residences gi	the officeholder iven. I support this	(41)

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Page No. (Official Use Only)

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: AR MOUA Sign: Amouu	Street: 4440 N 52 5+	□ Town □ Village - City	1 /10/20/12	Email
	gs Milwankee & 53218 city: Milwankee & 53218	Municipality Name)	(Month) (Day) (Year)	()
Print:	Streel:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
3. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. Print:	- Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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5. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
T (1)	Certification of Circulator	1	•	
I, JOANNE SHANSKY (Printed Name of Circulator)	, (certify): I reside at 2030 Church St. (Circulator's Residence – Street Name and Nu	wauwa to (Circulator Muni	') Sa_ cipality)	Circulators, Please include your co

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1 1	13	/20_/2_	Janne Sharsh	Page No. (Official Use On
(Month)	(Day)	(Year)	(Signature of Circulator)	! ∩ 00259 -

Please include your co Phone

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1. Print: Terald L. Wisth	S97 WZG827 Juniper Ln.	S√ fown □ Village □ City	1/13/2012	Email
Sign: ferald S. Wast	City: Eagle, WI Zip: 53119	(Munid pality Name)	(Month) (Day) (Year)	Phone (262) 7
2. Print: Jean M. Siegfried		□ Town □ Village City	1/13/20/12	Email
sighter m. Sie free?	City: Brookfield Zip: 53045	(Municipality Name)	(Month) (Day) (Year)	()
3. Print: Donald A. Siegfried		□ Town □ Village City Ryankfield	1/13/20/2	Email
Sign: Donald a. Siegfried	city: Brookfield zip: 53045	Brookfield (Municipality Name)	(Month) (Day) (Year)	()
4. Print: NEIL R. BROOKS Sign: Mil M. Brooks		Town Usinge City (Municipality Name)	1/1/2/20 <u>1/2</u> (Month) (Day) (Year)	Phone ()
5. Print BRIUN ROBERTSON Sim Dream Loke E	Street: 7915 HILLCHET DR	Town Village Ony (Municipality Name)	//13/20/2 (Month) (Day) (Year)	Email
Signs	City: WAUWAtOSA Zip: 53213			
	Certification of Circulator (certify): I reside at 2030 Church St.	Wanwa (Circulator Muni		Circulators,
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu.		ke officeholder	Please include your con Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by nam recal

	full knowledge of its content of the date indicated opposite his of	net manie. I know men respective residences given a support
ll petition. I am aware that falsifying this certification is punishab	le under S.12.13(3)(a), Wis. Stats.	
/ / /3 /20 /2	Journe Sharshy	Page No. (Official Use Only)

(Month) (Day) (Year) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to Re PO Box 2569 Madison, WI 53

Return by Janua

	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: THOMAS O ChiApusio	Street: SO JI WEST WASHINGTON BOYLAN City Milwaykee Zip: 53208	Town Village MI VAVICEE (Municipality Name)	01/12/20/2 (Month) (Day) (Year)	Email THamps (C) Phone (414)4
2. Print: David Conroy Sign: David Conray	Street: 3801 N. 99th Street City: Milwavkee Zip: 53222	Town Village Milwavkee (Municipality Name)	[/1 2/2012 (Month) (Day) (Year)	Bmail dconnitro Phone ()
3. Print: Brenda Reimer Sign: Porenda Burner	street: 5160 N. 6749 34 city: Milwauhee zip: 53218	Town Village City (Municipality Name)	1 /12/20 <u>12</u> (Month) (Day) (Year)	Email Phone
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
I, Krishe L. Kroening. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 7926 60 deep to the control of Circulator's Residence – Street Name and Nu	Warwatos (Circulator Muni		Circulators, Please include your conta

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

Please include your conta Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Recall Sco PO Box 16

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: RISSA NIEMI Sign: RMANUM	Street: 2479 N 64th St	Town Village Sticity WAWWATOSA	11/24/2011 (Month) (Day) (Year)	Email YISSO Phone
	city: WAUWATOSA zip: 53213	(Municipality Name)		(414
2. Jessica Ried sign: Ried	2001 C. to A. 17	Town Village City (Municipality Name)		Phone (414
3. Carmen Lopez Sign: Carmen Lopez	street. 7001 W. TripaiANP	Town Village City (Municipality Name)	11 /2 / 2011 (Month) (Day) (Year)	Email NV Phone (AA
4. Ben Jasso Sign Ball	street: 8560 s Cathlynn Cd City: Dak Creek zip: & 53154	Town Village City M([wav & C & C) (Municipality Name)	V1 /24/20 11 (Month) (Day) (Year)	Phone (414
5. Print: Bruce François Sign: Bruce Inancious	- 1330 W Sunset Board	Port Washington (Municipality Name)	11 /24/2011 (Month) (Day) (Year)	Email Phone (762
(Printed Name of Circulator)	(certify): I reside at 2479 N, 64th St (Circulator's Residence - Street Name and Num	Waywato (Circulator Municip		Circulators, Please include you Phone
Time the control of t	having dough of the signatures on this paper. I know that the signars are elector	ate of the inviediction or district represented by the	e officebolder	1

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this certification is punishable under S.12, J3(3)(a). Why State

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(Day)

(Signature of Circulator)

Page No. (Official Use Only)

([Email]

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 25

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	cor
1. Kyle Sperk Sign: Kyle Sperk	street: 2003 Miller Park Way City: West Milwaukee zue 53219	D Town D Village West Milwaukee (Municipality Name)	1 / 24/20 11 (Month) (Day) (Year)	Email Kyles Phone
2. Print: MICHEUE TOUSH	Street: 1301 COLLEGE UNFT 65 Milwaukee Dip 53172	Town Village Hullwarkee SOUTH HILL (Municipality Name)	// /24/20_// (Month) (Day) (Year)	Phone (414
3. Print: Theresa Weisrock Sign: I Www.ock	Street: W159 N10758 Captouris Dr	Town Village City Cermantaun (Municipality Name)	11 / 24/20 <u>11</u> (Month) (Day) (Year):	Email +me Phone
4. Pungarcher Sign: Della Sign:	H #211	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email Phone
5. Print Brittany Michels Sign: Buttany Michels		Town Village City SUSSEX (Municipality Name)	11, 124/20 <u>1/</u> (Month) (Day) (Year)	Email N Phone GGG
I, HEIDI JASSO (Printed Name of Circulator)	(certify): 1 reside at (Circulator's Residence - Street Name and Nur	St Wawato umber) (Circulator Municipal Control of Cont	SSA cipality)	Circulators,
We consider the first consideration of the state of the s	obtained each of the cignatures on this paper. I know that the signers are elector	ors of the jurisdiction or district represented by the	ne officeholdet	Phone

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. State

(Month)

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(Signature of Circulator

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
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	an De Creed zin W	(Municipality Name)	(Month) (Day) (Year)	(4)(4		
Print: Kvistina Doom	street: 13450 SQUITTER Dr.	Stown Village City R VOOR field	11/24/2011	Email Kld (
Sign	cuy: Brookfield zip: 53005	BVOOKTE O (Municipality Name)	(Month) (Day) (Year)	(262 Email		
SANDRA D Xelley	Street	Town Village 7	11/2/201	Phone		
Steen Steen	m lwawkozn	(Municipality Name)	(Month) (Day) (Your)	(*		
Print: HEIDI JASSO Signification Signification of the second seco	Street: 2479 N. 644 St.	Town Village City (Municipality Name)	///3/20/2 (Month) (Day) (Year)	herd Prione		
5. Print:	CHY: Wanwatosa Zip: 53213	□ Town □ Village □ City		Email		
Sign:	Street: City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
I, HEIDI JASSO (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2479 N 64+5+ (Circulator's Residence - Street Name and Nur	umber) Wan Wat 705	······································	Circulators, Please include you		
I personally circulated this recall petition and personally c	obtained each of the signatures on this paper. I know that the signers are elector	ors of the jurisdiction or district represented by th	ne officeholder	Phone		

named in this petition. I know that each person signed the paper with full knowledge of its coment on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is pure hable under S. 2.13(3)(a) Wis. Stats.

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Return by

Committee

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

<u> </u>	nstitution and S.9.10 of the Wisconsin Stat	utes.	<u> </u>			PO
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CO
1. Gerard S	Gerand &	Street: 2837 S 6354	□ Town □ Village	1/7/2017	Email Phone	
Stolarczyk	Dodancosto	city: mitmaultee zip: 532P	Willage milwaukee	(Month) (Day) (Year)	()
2. Ahmed J.	Amos fares his	Street: 4224 5. Regal Manor Ct.	Town Village New Benlin	1/7/20/2	Email	
Quereshi e		City: New Berlin Zip: 53/5/	City	(Month) (Day) (Year)	Email ()
3. Carl Raven	C/16 Can	Street: 3725 S. 15th ST. City: Milwankee Zip: 53221	Town Village Milwankee	//7/20 <u>/2</u>	Phone	
4. Robert Barciak	112			1 1/2	Email)
Rober BACCIAK	Robert Barres	Street: 21078 5. 15th St L.B. W. City: Milwaukee zip: 53215	Town M Wayke	1 /7 /20 <u>P</u> (Month) (Day) (Year)	Phone	
5.	1	Street: 817 Montana Ave	From	1 / /2010	Email	
Lucas Kasten	Juin Eft	City: South Milwauker W Zip: 53172	Sofh Hilmuke	(Month) (Day) (Year)	Phone ()
6. Robin Raq Tohnson	Robin Rou Johnson	Street: N5153 C+yRJA	Town Town 154.5	1/10/20/2	Email Phone	
		City: Westfield zip: Wisc	City West Sield	(Month) (Day) (Year)	()
7. Debby L. Johnson	Dobber d Unhahma	Street: N5153 Cty Rd A	WTown Ovillage City Westfield	1/10/2012	Email Phone	
		City: Nestfield WI zip. 53964	Telly VOES, 1 C 1 C	(Month) (Day) (Year)	Email ()
8. SANTIAGO G. TUEN TES	Tarilag & toward	Street: //20 Lander Lu.	Town City Oost burg.	/20/20/2 (Month) (Day) (Year)	Phone	
9.		city: Ostburg zip: 53070		, ,	Email ()_
Brian Benning	22	Street: 3811 S. Miner St City: Greenfeild, zip: 53221	Drown City Greenseild	/10/2012 (Month) (Day) (Year)	Phone	```
10.	2.1.	Street: 1120 Zurden Lane	Town Oostburg	1 /10/2012	Email	
GLORIA fuentes	Maria fuents	city: Oostburg zip: 53670	□ City	(Month) (Day) (Year)	Phone ()
	Certification	of Circulator	l a	_		

(certify): I reside at 7825 JACKSON PAIK BLVD. GLENN GIVNEWALL WAUWATOSA (Name of Circulator) (Circulator Municipality) (Circulator's Residence – Street name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

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the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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JACKSON PARK BLVD. (certify): I reside at _7825

(Circulator Municipality)

(Circulator's Residence – Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	co
1. Katherine Rubinson	CarbonneRouse	street: 6220 Upper Parkusay N Chyl Vaywattsk zip. \$3213	Town Village Wauwatosa X	01/02/2012 (Month) (Day) (Year)	Email Phone
	Patricia Luebke	Street: 6220 Upper Parkury North	The vinage II Include to some	1 /2/20 <u>12</u> (Month) (Day) (Year)	Phone (4/4)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Grace H. Scaife	Lace H. Scanfe	Street: 4561 Austh 45th Street City: Milwayke e zip: 63218	□Town □Village Of City Ny Milwae Noe, kri	12/2/20 <u>/1</u> (Month) (Day) (Year)	Email Phone ()// () /2 Email
fred Jscaife	Fril I Scaip	City: Mil WAULER Zip: 53218	Town village City M'lwair Hee Cmy	(Month) (Day) (Year)	Phone (4/4)
3. Fred Scaife III	Fred Scarle III	Street: 450 North 45th Street City: Milwaulee zip: 58218	□Town □Village □City M'/way Kee Cay	12/4/2011 (Month) (Day) (Year)	Phone (U(Y)
Lisa Geraci	Lui Leraci	Street: 30 35 N 73rd Street CityMilwayKee Wi zip53210	□ Town □ Yitage □ City W	(Month) (Day) (Year)	Phone (414) 4
Lisa Geraci 5. Philip Geraci	Palip Genci	Street: 3035 NO 73 NA Street City: Mihwaykee Wi zip 53210	□ Town □ Village □ City Milwae Hee CM4	(Month) (Day) (Year)	Email Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jam Committee to F PO Box 2569

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Catherine Millington	Street: 7700 W. Portland Ave. Street: Warratosa Zip: 53213	AMILL	(Month) (Day) (Year)	Email
	civ: Warwatesa zip: 53213	(Municipality Name)		Eme ¹¹
	Street:	□ Town □ Village □ City	/ /20	Email Phone
		(Municipality Name)	(Month) (Day) (Year)	(,
	City: Zip:			Email
	Street:	☐ Town ☐ Village ☐ City	/ /20	
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t <u>-</u>	City: Zip:	☐ Town ☐ Village ☐ City	1 100	Email
		(Municipality Name)	(Month) (Day) (Year)	Phone
(Printed Name of Circulator)	Certification of Circulator certify): I reside at (Circulator's Residence - Street Name and Num	mber) Minaulus (Circulator Munici		rculators,
sonally circulated this recall petition and personally ob ed in this petition. I know that each person signed the p Il petition. I am aware that falsifying this certification is	otained each of the signatures on this paper. I know that the signers are electo paper with full knowledge of its content on the date indicated opposite his or	rs of the jurisdiction or district represented by the her name. I know their respective residences give	officeholder n. I support this	Phone (414

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		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNI	VOTING		
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MARY C. BAHLERT	. • // // // // // //	Street: W174N9433 DEVONWOOD Rd.	□ Town □ Village MENOMONEE □ City	11/27/20 <u>11</u> (Month) (Day) (Year)	Phone
	11(day = 00000	City: MENOMONEE FAILS TAP: 53051	City FA11 5	RJB	Email (
udolph J. Bahlert	Ludolph J. Bohles	Street: W174N9433 Devonwood Rd	□ Town MENOMONEE □ City FALLS	(Month) (Da) 7(Year)	Phone (
		Street:	☐ Town ☐ Village	/ /20	Email
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	Certification of	City: Zip:	<u> </u>		<u> </u>
harisse A HOH	mass	ify): I reside at 4533 N 105th St	Wasung to	SA	Circulato

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their properties given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. mature of Circulator) (Month) (Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. AARON HUTH	Saron buth	Street: 7809 LIVINGSTON AUE City: WANNATOSA Zip: WI3 A	□ Town □ Village □ City WAUWATOSA	12/9/20 <u>//</u> (Month) (Day) (Year)	Phone (4)14) 6
MANEY LUCAS	Mancy Lucas	Street: 738 windsor Ct City: WAUWATOSA ZIP: 53226	Town Utillage WAUWATOSA	12 29/20_11 (Month) (Day) (Year)	Email Phone
3. Nicholas M. Seidler	Nil M. Seils	Street: 2139 - A N. 7157 St. City: Wauwatosa, WI Zip: 53213	Town Village WAUWATOSA	ØL /ØЧ /20 <u>L2</u> (Month) (Day) (Year)	Email Phone
4. Angela Matlock	Sull Market	Street: 2907 W. FRAMES BOTT	Riv Grentield	/ 64/20/2 (Month) (Day) (Year)	Phone ()
clister Hollten	Elford Wohlter	Street: 7857 N. 12 Street City: Wewe +562 zip: 53213	Town Ost	1 / H / 20 (2) (Month) (Day) (Year)	Phone ()
6. Jillandra Sargent	Tellaula N. Sarger	Street: 3629 No. Colt	Down Willage Mil Wanker	(Month) (Day) (Year)	Phone ()
Fatima S. Marashi	Jalus Marsh	street: 11065 Cathedral cot City: Wan Wa tosa WIzip: 53226	Town Village Wanwatosa		Phone ()
8. DOUP NOTO	Arnala	Street: 5019 N. 62Nd St. 53218	Town Willage WI WANKEC	/0 6/20 12 (Month) (Day) (Year)	Phone ()
Sharon Gross	Maron Arra)	Street: 2360 N. 116 +h St. City: WALLWATOSA Zip: 53226	Town Utillage RCity WAUWATOSA	/ \$ / 20/2 (Month) (Day) (Year)	Phone ()
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Name of Circu conally circulated this recall petition and personally obt per with full knowledge of its content on the date indi	lator) ained each of the signatures on this paper. I know that t	of Circulator ify): I reside at (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the control of the properties of the	officeholder named in this petition. I know th	nat each person signed	Circulators, please

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONT (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email ☐ Town ☐ Village City Phone Email ☐ Town ☐ Village Phone Email ☐ Town ☐ Village ☐ City Phone (Municipality Name) Email ☐ Town ☐ Village ☐ City Street Phone (Municipality Name) 5. ☐ Town ☐ Village ☐ City Phone (Municipality Name) Certification of Circulator

Kathleen Nielsen (certify): Ire	eside at 14220 Woodland Pl	Parale Ciald
l, Natifie En Michael (certify): Tre	side at 142 20 Woodland 41.	prooktiew
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
The second secon	and the second process of the second process	
I personally circulated this recall petition and personally obtained each of	the signatures on this paper. I know that the signers are electors of the jurisdi	iction or district represented by the officeholder
named in this petition. I know that each person signed the paper with full	knowledge of its content on the data indicated amounts his or how name. There	arri elimin na mana ativo mani da mana minina. Tumun mat et

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Kathleen Nielsen

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Phone

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1. CAROL E. SAGLOWSKI	Carol E. Jaglowski.	Street: 1230 City: WAUKES HA, W/. zip: 53/89	Town O'Village City WAUKESHAWA	/2/8/20// (Month) (Day) (Year)	Email Phone)
DANIEL Jaglowski ji	Daniel Jaluk	Street: 1230 WISTERM LA #1 City: WANKEROLA, W. Zip: 53189	Town Village City Whoketh	(Month) (Day) (Year)	Email Phone)
3. Michelle Hanson	Wholl I	Street: 8126 w Woodland Are City: Wauwatosa W1 zip: 53213	Town Village Pacity Wauwatosa	12/19/20_11 (Month) (Day) (Year)	Phone ()
4.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (·)
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone () .
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9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	.)
Jessica Jaglows	Certification o	of Circulator of Sirver at 3522 N. 87th	St. Milwauke	ے۔	Circulat	tors , please inc

		City:		Zip:	□ City	(Month) (Day) (Year)
1	, \ i \	Certification of Circ	culator	11 074 0	**	
ı. Jess	ica Jaglawsk	, (certify): I re	side at 3522	h. 812 7	it. Milw	aukee
7	(Name of Circulator			sidence – Street name and i	Number) (Circ	culator Municipality)
I personally circulated this	s recall petition and personally obtained	each of the signatures on this paper. I know that the signers	are electors of the jurisdiction	or district represented by the o	fficeholder named in this petition.	I know that each person signed
the paper with full knowle	edge of its content on the date indicated	opposite his or her name. I know their respective residences	s given. I support this recall pet	ition. I am aware that falsifying	this certification is punishable un	der S.12.13(3)(a), Wis. Stats.
/	12 /20 12	Jers James			Pag	34 No (Official Gse Only)
(Month)	(Day) (Year)	(Sign	ature of Circulator)		#.	000274
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569 Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT		
1. Linda Siker	street: 7575 N. Pheasant Ln.	□ Town Village □ City / ,	11/17/2011	Inda.SI)		
Sign: Kinda Siker	City: River Hills, Wkg. 53217	(Municipality Name)	(Month) (Day) (Year)	(414) 6		
Print: Nancy Siver	Street: 2908 A 5 GO+5+	☐ Town ☐ Village ☐ City	11/17/2011	rek iso		
sign: Marry Sikier	city: Milwankee WI 53219	(Municipality Name)	(Monih) (Day) (Year)	(414)3		
3. Prior Offert Sun	Street: 2/2/07 / Am.	D Town Village MChy	11/2/2011	Email C4/4 Phone		
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)			
Print: MADELEINE KLUG	Street: 2120 Elytrae Rd,	Down Davillage City	14 /24/2011	Phone		
Sign: Madeline Klang	City: Elm Grove zip: 53/22	ELM GROVE (Municipality Name)	(Month) (Day) (Year)	(262)7		
Print Remare King	Street: 2/20 ELM TREE RA.	DTown Willage City Eth Glive	אן /24/20 <u>וו</u>	Email		
Sign: Kuhn W. My	City: BLM GROVE ZID: 53122	(Municipality Name)	(Menth) (Day) (Year)	(262) 7		
I, PATRICIA A. MACE. (Printed Name of Circulator)	(certify): I reside at 11706 N CHURCH (Circulator's Residence - Street Name and Nu	PL MEQUOH (Circulator Munic		Circulators , Please include your contact		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

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Page No. (Official Use Only)

Please include your

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	Street: 7575 N. Pheasant Land City: River Hills zip: \$3217	Town Village City (Municipality Name)	/ / / / 20 12 (Month) (Duv) (Year)	Email Silver S Phone (Gy) G		
Print: PATRICIA A. MACE Sign Sattleta L. Mace		Town Village City MEQUON (Municipality Name)		Email 262-2 Plone MACE P		
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Phone ()		
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Phone ()		
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Munth) (Diay) (Venr)	Phone)		
I, PATRICIA A MACE, (c) (Printed Name of Circulator)	(certify): I reside at (Circulator's Residence – Street Name and Num	PL MEQUON (Circulator Munici		7800 Circulators, Please include your contact		
		A and the second state of the second		Phone Phone		

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m K	1. AVR Mitchell- Lampkins	An Whatth Lings	Street: 3944 71.6/5+ City: Mil Way Ke 2/21p: 535/6		/2//1/20// (Month) (Day) (Year)	Email a' Va L
.goki	2 Christy Facus	Christy Pals	CION 1 Waylee 20:5322	Town MP Usuage Milwantee	/21/720// (Month) (Day) (Year)	Email Phone
	3. Angela Chapman	Chys Ma	Street: 7060 W. Medford Ave City: Milwaukre zip: 53218	Town Village City Hilworkee	12 /17/20 <u>/</u> (Month) (Day) (Year)	Email Phone ()
	* mary	Rend	Street: 4550 N85 City: William Kee zip: 53225	Town Wo City Milage	17. /17/2011 (Month) (Day) (Year)	Email Phone ()
	5. Nieva Gray	Men Dron	Street: 2338AW. Keife City: Milwauks: zip: 532&	Town Uvillage City Hil woulded	/2//7/20 <u>/</u> (Month) (Day) (Year)	Email Phone ()
	Stay Fowler	dian Toule	Street: 4329 N.74th St. City: Milwauker Zip: 53216	Town MD Village Village Milwauker	13/17/2011 (Month) (Day) (Year)	Email Phone ()
	BRITIANI DIONAS	Citizen Din	Street: 4325 SI BUVD City: MIUNINITE INT. Ng: 53210	□ Town □ Village □ City Lilwarer Kee	7 / 7 / 20 1 (Month) (Day) (Year)	Email Phone
•	Sarah Shearer	Sawh Seem	Street: 2906 N 75th City: Milwaulee zip.53210	Town Willage Village (ilwentee	/2/\(\int_{\text{(Month) (Day)}}/20_{\text{(Year)}}\)	Email Phone
	9. Sharn Ricks	show Rich	Street: 43440.84 City: 1011 W 1012 Zip: 532	Town MD City Helwentee	(Month) (Day) (Year)	Email Phone
	JULIA MAYS	July hos	Street: 5368M. Hopk: 53209 City: Milwarder zip: 53209	□ Town □ Village	13/17/20 <u>11</u> (Month) (Day) (Year)	Email Phone
L		V	of Circulator	BL //		
I, _	Michael Duffer	, (certi	fy): I reside at 2573 Nν 7/57 ε) Walle	403a	Circulators, please

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his of hy name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. mT Zodrow	- Comment of the Comm	Street: 4344 N84 #4	Town Village	12/17/2011	Email	
Clizabeth Zodra	Charles !	City: Milway Kee Zip: 53225	First Milwankee	(Month) (Day) (Year)	Phone ()
2. mp Jenkins		Street: 4764 N 39th St	□ Town □ Village	/2/17/201L	Email	· ·
Jasmine Joikins	Gonnafarius	City: M/Wareker WI zip: 53209	Dity Milwaukee	(Month) (Day) (Year)	Phone)
3. NINA SCOTT	1	Street: 6300 W. BODOLINKAY	1 Town Milweulee	12/17/2011	Email	
7WW North	Mikitett	City: Milwauken zip 53218	City mo	(Month) (Day) (Year)	Phone ()
1 Lashaurola	Jashayirda	Street 2002 N 35 51.	Town M! (Wander	2/1/2011	Phone	
Taylor	Luglor	chy: Miller UKerzip: 53-008		(Month) (Day) (Year)	Email)
5. SUSAN	Susan	Street: 3757 1.638 dst.	□ Town Mr (wancer	12/17/20/1	Phone	
Mash	maser	city: MI I WOUKEE zip. 532/16	RCity mr	(Month) (Day) (Year)	Email	
6. T. 1	06/ 0/-	street: 5545W, 200n 7288.	□ Town Mulwence "	12/7/2011	Phone	
Johnn't Christon	(Johnie husten	city: Milwaykee zip: 53216	City mo	(Month) (Day) (Year)	Email)
1 1 1.1. 0 11	JAH DI	Street: 2168 N 50H	Town M. (wan Ce	/2/17/20 <u>//</u>	Phone	
8. WILLETTE	selfer Very	City: 276 Milwill 20 53210	City MD	(Month) (Day) (Year)	(Email)
JO WILLETTE IL. OLA	5. 114 11.6	Street: 8614W Jond da hard # x	Town Milwaulcee	12/1/201/	Phone	
9.	and pu	City: Orienaulces 41 zip: 53225	City	(Month) (Day) (Year)	Email ()
And la ball	1	Street: 1811 W MEDITALO AMU	Town Milwaulce	12/1/2011	Phone	
10 yell lerkins	10 cm 20 3	City: Mil Waykel Zip: 53218	City MD	(Month) (Day) (Year)	(Email)
10. Jank MARRAH	glad m	Street: 4567 N. 75	Drown Milwaulce	(Month) (Day) (Year)	Phone	
1710 MU MAMAN	Certification	of Circulator	- ON VVIII	(wonth) (Day) (Year)	()
Michael Dat	Pen	5000 N 7/04	Wallwet	losa		
(Name of Circu		ify): I reside at \bigcirc				ntors, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his other paper. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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JASMINE DANSON	Parma Polar	Street: 3824/ N 57th St. City: Mi/wakee zip. 53216	Town Usuage Dicity Hilwankee	/2//7/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
2-EDWARD	The DL OU TIT	Street: 2568 N. 71st	□ Town	12/18/2011	(Email	_
HAYDIN TH	LAVING THE ME	city: Wauwatosa zip: 53213	Acity Wavewatosa	(Month) (Day) (Year)	Phone (Email	
3. Elisabeth Witt	Elisabet Sitely	Street: 28/8 N. 68th St. City: Milwaukuc zip: 53210	Town Village City Milworkee	/2 /18/20// (Month) (Day) (Year)	Phone	
KRYSTYNA B.	KR/har	Street: 1230 N. 4/6 4h 5T.	□ Town	12 /18/2011	Email	
Nancy Havas		Street: 6904 W. Wisconsin	Trown Manuatosa	(Month) (Day) (Year)	Email (
	Nocyotom	City: Warwardson WI zip: 53213	City M. Wacket	12/18/2011 (Month) (Day) (Year)	Phone (_
5.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
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0.		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
	Certification of	City: Zip:		, (=-J) (1ear)		-
11 cheel Duffey	, (certi	tify): I reside at 2573 N 7/s+	(Circulator M	amininalina	Circulat	or:
(Name of Circula ally circulated this recall petition and personally obtain	lator)	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	ad Number) (Circulator M) e officeholder named in this petition. I know that			one

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

1	Return by Jar Committee to PO Box 2569 Madison, WI:
NING	CONTAC
) <u>1</u> 2	MATEJCE Phone (262)
12	Email Phone (262)
) / >	Phone (414)
j <u>o</u>	### Email #### 35 Phone ()
	Email

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC		
1. Print PAUL R. J. MATEJCEK	Street: W240 HIGHWAY L	Town Uvillage City	1/7/2012	Email MATEJCE Phone		
Sign	City: EAST TROY Zip: 53120	EAST IROY (Municipality Name)	(Month) (Day) (Year)	(262) (
2. Robert H Druker	12402 N. Lake Shore Dr.	☐ Town ☐ Village ☑ City	1 /11/2012			
sign: Robert H. D. Ruller	Meguon Zip: 53092	MEQUON (Municipality Name)	(Month) (Day) (Year)	Phone (262)		
3. Print JEANNE L, FLEES	Street: 4008 W. KEHNAU	☐ Town ☐ Village ☐ City	1/11/2012	Email		
sign Jeanne L. Flees		M SLUAU KE E (Municipality Name)	(Month) (Day) (Year)	Phone (414)		
4. Benn Flee		Town Willage MIL Warkee FAT	1 / 1/2015	Email 414 35		
Sign: Benny Flees	melwanker FAT city: Melansker zip: 53209	(Municipality Name)	(Month) (Day) (Year)	Phone ()		
5. Print:	/	☐ Town ☐ Village ☐ City		Email		
Sign:	Street:	(Municipality Name)	(Month) (Day) (Year)	Phone ()		
FAVA WA To :	Certification of Circulator			<u></u>		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1	11	120 12	Tay anne Jareine
(Month)	(Day)	(Year)	(Signature of Circulator)

Circulators, Please include your conta

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 256

Circulators,

Please include your con

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1. PHY LUSGSMITH	Street: 2429 F BRAFORD	☐ Town ☐ Village ☐ City	FAT 12/ 6520 11	Email			
signification of Smith	cum Milwoulse 4,53211	MILALA-UKES (Municipality Name)	(Month) (Day) (Year)	Phone (**/4*)			
2. Print: A P N N TH	PHEN GREUBARI,	Town FAT Village BROWN DEER	12/15/20/1	Email			
Sign: Jan Smith	BROWN PER 2153209	M. Widnicipality Rames	(Month) (Day) (Year)	Phone (4/4)			
3. Print: Norma E. Schu	Street: HT W. Holt Ave	□ Town □ Village **City** () . 0 .	1/11/2062	Email 414a			
sign: / omat dohub	Chy. Milwaukee 21. Wi	(Municipality Name)	(Month) (Day) (Year)				
4. / Print: MARK W. BROWNING	Street: 1027 5, 1117# 57,	☐ Town ☐ Village ☑ City	1/11/2012	Email			
Sign: MM D	City: (NEST ALLIS 21p: 53214	(Municipality Name)	(Month) (Day) (Year)	Phone (414)			
5. Print:	Street:	☐ Town ☐ Village ☐ City	, ,	Email			
Sign:		(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone			
	Certification of Circulator	<u> </u>	<u>.</u>	1 1			
EAV ALLE T		1 1	4				
FAY ANNE TAVEIRNE (certify): I reside at 9400 W. NORTH AVE Waywatosa Circula							

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Circulator Municipality)

Retur

Circulators, plea

THE MUNICIPALITY USED FOR MAILING I	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MO	JNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	M
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
ALERIA LEWISE PAYLOR	blemosyn &	Street: 4149 NORTH 67TH STREET		/2 /9 /20 <u>//</u> (Month) (Day) (Year)	Email Phone
ELONIA M. WILLIAM		Street: 4545 NORTH 40th Street City: Milwaukee zip: 53200	T I I I I I I I I I I I I I I I I I I I	12/9/2011 (Month) (Day) (Year)	Email Phone
stacey Wodehouse	Staly War	street: 3445 Wilshire Rd. City: Brook Rield zip: \$3045	Town D'Village Brookfield	12/31/2011 (Month) (Day) (Year)	Phone (
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
The state of the s		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
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	S. 1	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email

	10.	N. C.	Street:		☐ Town	/ /20
			City:	Zip:	☐ City	(Month) (Day) (Year)
		Certificat	tion of Circulator			
I, _	Denniter fo	orkes	_, (certify): I reside at	2208 N. 71	ST Warwa	tosa.
I pe	(Name of Circu stronally circulated this recall petition and personally obtains	tained each of the signatures on this paper. I kno	ow that the signers are electors of the	culator's Residence – Street name and e jurisdiction or district represented by the	officeholder named in this petition. I know	r Municipality) v that each person signed
the 1	paper with full knowledge of its content on the date indi-	~ 0.1	pective residences given. I support	this recall petition. I am aware that falsifyi	r	(
نيبة,	$\frac{\text{(Month)}}{\text{(Month)}} / \frac{\text{(Day)}}{\text{(Year)}} / \frac{20 \cdot 2}{\text{(Year)}}$		(Signature of Circulato	r)	10°9°5°2°	Official Use Only)
			.	** **********************************	"	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569 Madison WI

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1. Carrie Mihal-Grisle	Street: 2575 N 70th St City: Wauwato Sa zip: 53213	Town Village Village Village Village Village Village (Municipality Name)	01 /03/2012- (Month) (Day) (Year)	Phone ()	
2. Michael C. Ignatowski Michael C. Ignatowski	6318 West North Ave. WAUNATOSA WI. 53213	☐ Town ☐ Village ☐ City W4wW405A (Municipality Name)	1/3/2012 (Month) (Day) (Year)	Email Phone	
3. Print: Michele Robles Sign: Michele Robles	Street: 4516 W. Howard Ave. City: Mclwaylee Zip: 53220	Town Village City Milwaulcee (Municipality Name)	/ 6/2012 (Month) (Day) (Year)	Email Phone	
4. Marechal ah Print: MAX PARE CHAL Sign:	Street: 2202 H Cefeber Ave City: Warmet + 52 Zip: \$3213	Town Village City MANWATO SP (Municipality Name)		Phone ()	
5. Print: Dimperly Flessert Sign: Asstral	Street: 1363 N. 72nd St City: Warmatosa Zip: 53213	□ Town □ Village □ City Muwatosa (Municipality Name)	01/0420 <u>1</u> 2 (Month) (Day) (Year)	Phone ()	
I, Ann M. Heidkam	Certification of Circulator (certify): I reside at 1329 W. Hoyd St. (Circulator's Residence – Street Name and Nu	waywata umber) Waywata (Circulator Mun	DSA vicipality)	Circulators, Please include your cont	

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Please include your conto Phone

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	1	Return by J Committee PO Box 256 Madison, W
G		CONT
2		Phone
2		Email Phone

Please include your co

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1. Print: Danit artz	1655 A. So. 91st	□ Town □ Village ▼City	92 1/11/2012	Email	
Sign	West Allis Zip. 53214	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print PAT leve Brunt II	Street: 17014 5 8144	□ Town □ Village □ City	1/11/2012	Email	
MarlineStant	Chy: West Allis 21px 53 214	(Municipality Name)	(Month) (Day) (Year)	Phone (
Jeff Kartz	street: 12333 W. Watertown Plk Rd	□ Town □ Village □ City	1/13/20/2	Email	
Sign:	any: Waywatoga zip: 53226	wortogor zipi 53226 (Municipality Name)	(Month) (Day) (Year)	Phone	
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sign:	City: Zlp:	(Municipality Name)	(Month) (Day) (Year)	Phone (
5.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email	
Sigo:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
1. Alexander Kartz	Certification of Circulator (certify): I reside at 12333 W " Water to WA	PICA Wanwatosa		Circulators,	

I. Alexander Lur Z. (certify): I reside a	112333 W. Watertown PICA	Wanwatosa
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of the sinamed in this petition. I know that each person signed the paper with full know recall petition. I am aware that falsifying this certification is punishable under S	edge of its content on the date indicated opposite his or her name. I know	
$\frac{\int dN}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20}{\text{(Year)}} $	gnature of Circulator)	Page No. (Official Use Outs) #

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

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(Signature of Circulator)

(Name of Circulator)

Return

Commit PO Box

Phone

Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. RUSSELL E SMITH	D -C.	Street: W 351N5271 RO"C"	X Town □ Village □ City	// /2 4/20 <u>1/</u> (Month) (Day) (Year)	Email Phone	
DUSSELL & SMITH	Trussell & Smith	city: OCONOMOWOC Zip: 53066		(Would) (Day) (Teal)	<u> </u>)
2.		Street:	□ Town □ Village	/ /20	Email Phone	
		City: Zip:	☐ City	(Month) (Day) (Year)	l lineile ()
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		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
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6.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
7.		Street:	☐ Town	/ /20	Email	
•		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
8.		Street:	☐ Town	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
9.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone ()
10.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone (,)
Certification of Circulator						
Kathleen West	000 , (cer	tify): I reside at 2745 \mathcal{N} , 70^{44}	Street Milwank	ee	Circula	itors , please in

(Circulator Municipality)

(Circulator's Residence – Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569

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1. Frint Kim Gardne Sign Kolomoz	Street: 7603W.Donna CT. City: Mil W. W. S. 21,53233	Town Vilage Viry (Municipality Name)	1 M/2012 (Month) (Vear) 1-11-12	Phone (A) A)
2. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
4. Print:	City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print:	City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
1	Certification of Circulator	Mail 1		
WALTER REDMOND	certify): I reside at 270% M 28th	Milwaux	e:•	

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(Circulator's Residence - Street Name and Number)

(Month) (Day) (Signature of Circulator)

(Printed Name of Circulator)

(Circulator Municipality)

Circulators,

Please include your contact Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	COI
PATRICIAH. MUNDY	Hatricea H. Mierdy	Super: 2225 N, 1038 ST. City: WAYWATOSA, W 1 zip: 53226	Village City WALL WATOSA	1249/20 <u>//</u> (Month) (Day) (Year)	Phone 414 ()
NANCYM. KOHNERT	Navey M Kolnat	Street: 4276 Glenway St City: Wacusatosa zip: 53222	Town Village Stity Wanteratora	/ /5/20 <u>7.2</u> (Month) (Day) (Year)	Phone (414)
Roxanne Tally	haan Caly	Street: 4171 N 19th place Apt3 City: Milmanker, w zip: 53209	O Town O Village City Mil Waykee	(Month) (Day) (Year)	Email Phone (M44)
Tricial Mundy	meia & Mendy	Street: 135 N. 110 M ST. City: Wawwartsa WIZip: 53236	O Town O Village Sity War wat of a	1/6/20 <u>12</u> (Month) (Day) (Year)	Email Phone 414
ROCCO E. DEROSE	Vano Bohon	Sircet: 37545. 35th St City: Greenfield, WI zip: 53221	Town Village NCity Milwaukee	1 / 6/20 <u>12</u> (Month) (Day) (Year)	Phone (L/L/
John P. Morson	Marden	Street: 135 N. 1104 57 City: Wanny os: WZIP: 53226	Town Village City Vanny + 554	(Month) (Day) (Year)	Phone (44
GAY LEIGH MUNDY	Jay Leigh Meindy	Street 2225 9. 103 ED ST. City: WAUWATOSA Zip. 53236	Town Village Village Village Village	(Month) (Day) (Year)	Email 9 lsk
love a Hontamen	There M. Gones	Street, 25675.15th Lower City: Milwauker zip. 53215	O Town O Village Sity Mi/wanker	/ / / 2012 (Month) (Day) (Year)	Phone 414
Julie Haydin	1 2 1 (20 2)	Street: 101 5. Grandview Blud City: Warksho zip: 53155	Orown Willage Warkisher	//7/20/3 (Month) (Day) (Year)	Email Phone
Christina Friedl	Clud	Street 1015 Grandview Blud City: (Nauleska WI zip: 5388	Town Village City Wankesha	1 /7 /2012 (Month) (Day) (Year)	Email Phone (\$43)
GAY LEIGH MUNDS	tor)	of Circulator (Fy): I reside at 2225 N. 103 P. S- (Circulator's Residence - Street name and	Number) (Circulator M	(funicipality)	Circulators,
nally circulated this recall petition and personally obtainer with full knowledge of its content on the date indicat	ned each of the signatures on this paper. I know that the ted opposite his or her name. I know their respective r	ne signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifyin	officeholder named in this petition. I know the general transfer that the security of the secu	at each person signed 3(3)(a), Wis. Stats.	Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Comm PO Bd Madis

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.		DATE OF SIGNING	CONTA
Cheryl Raven	Chenyl Raven	street: 3725 S. 15 Street	Li Village	1 / 7 / 20 13 (Month) (Day) (Year)	Phone (4/4) 6
Cheryl Raven Jose Alcala	Jon Han	Street: 1653 5. 30th City: Milwauller zip: 53	3215 Scity Milwaulle	//7/20 <u>17</u> (Month) (Day) (Year)	Email cachi Phone
3. Richard R. Kania	hilf thing	Street: 1325 Victoria Circle City: Elm Grove. Zip: 53	☐ Town	/ 8/20/2 (Month) (Day) (Year)	Email Phone ()
6. Beth Zupec-Kanica	bel Type Came	Street: BZ5 Victories Circle S. City: Elm Grove, WI Zip: 53		1 / 8/2012 (Month) (Day) (Year)	Email
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone ()
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GAY LEIGH	Mundy Certification o	I to the second of the second	13 RO ST 1 / 1) AU 11.	VATOSA	

Circulators, please i

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

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PAGE NUMBER:

000289 - 289

NOT SUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to PO Box 2569

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1. Print: Krista Werchawski sign: KMWh Werchawski	street: 208 Granary Circle City: Hartland 21p. 53029	Town Village City City CMunicipality Name)	///8/20// (Month) (Day) (Year)	Email Kristawa Phone (414) 3
2. FRIM BROTTEUER Signification of the state		Town Village City Meyon - Transville (Municipality Name)	[[/18/20	Email erin, bo Phone (414)
3. Beth Larson Sign: Seth Larson	Street: 7183 Unicom Dr. City: Hartford, Wil 21p. 53077	Town Uillage City (Municipality Name)	1 /18/20 11 (Month) (Day) (Year)	Phone (414)
1. Print: Charlotte Cathey Sign: Charlotte Cathey	Street: 8342 A 49th 57 City: Brown Deer Wi zip: 53223	Town Village Brown Den (Municipality Name)	12/16/20_11 (Mouth) (Day) (Year)	Phone Charchut
5. Print Hugh S. Mª MANUS Sign: Knyhtma Manus	Street: 1354 HAWTHORNE DR City: Dela Field Zip: 53018	Town Village City DELAFIEL (Municipality Name)	12 /23/ ₂₀ 11 (Month) (Day) (Year)	h MCM ANU Phone
I, Adays THier (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 203 N. 620 St. (Circulator's Residence – Street Name and Nu.	mber) Waywat (Sc (Circulator Munic	ipality)	Circulators, Please include your contact Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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! PO Box 2569

THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	TY OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print: Tiffuny S. Harras	Street: 2598 N. 61 St. City: WAWWATDSA Zip: 53213	Town Village City (Municipality Name)	/2/31/20/(Month) (Day) (Year)	Email Twilites Phone (44)
2. Print Shorada Scarbarough sign Standa Sourbalt	Street: 6450 N 68th SL City: Milwankee zip.53223	Town Village Village Milwhice (Municipality Name)	12/3/20_1((Month) (Day) (Year)	Email Shood Phone (414)
3. Print: Terrence D. Sippel Sign:	Street: 2578 N. 67th St. City: Warwatosa zip: 53213	Town Village Village Village (Municipality Name)	12/31/20 <u>11</u> (Month) (Day) (Year)	Email ferry @ < Phone (414)
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5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Phone ()
I, Adam Tilliet (Printed Name of Circulator)	Certification of Circulator Certify): I reside at 203 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unber) Wavwatosa (Circulator Munic		Circulators, Please include your cont Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar
Committee to Rec
PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison, WI 537
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT II
1. Print: Patricia A Zevnik sum Patricia a Bevnik	Street: 8824 W. Whitaker AV	Town Village Sercity Green Field	/2/7/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
2.	chy: Greenfield zip: 53228	(Municipality Name)		(414) 3.
Print: Devuis A Zevnik	Street: 8824 W. Wh. taken Ave	☐ Town ☐ Village ☑ City	12/7/2011	Di.
sign: Dennis A Zevulle	cur: / skeenfield zup: 53228	(Municipality Name)	(Month) (Day) (Year)	(414)32
3. Print: JEFF A Weike	Street: 9/54 W BOHSFOIL DUR	☐ Town ☐ Village	- 1/ / ·	Email
sign: Jeff A Welle	cup: (3 rep.) Field 219: 53778	GreenField (Municipality Name)	(Month) (Day) (Year)	Phone (4/4)54
4. DONNA M. WeiLer	Street: 9154 W. Bottsford AVE	□ Town □ Village ☑ City		Email
SIGN: DOMA M. Weiler	on: Greenfield 210: 53228	Green tield (Municipality Name)	////20 <u>//</u> (Month) (Day) (Year)	Phone (414)54
5, Print:	Street:	□ Town □ Village □ City	, ,	Email
Sign:	City: Zin:	(Municipality Name)	/ /20(Mosth) (Day) (Year)	Phone ()
	Certification of Circulator	~ ^ .	Λ	
I DONNA WEILER	(certify): I reside at 9154 W. Bottsford AVE	Greenfield	X .	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

1 12 120 12 Donna Weller

(Printed Name of Circulator)

Page No. (Official Use Only)
505290

(Circulator Municipality)

Circulators,
Please include your contact in

Phone (414) 5

(414) Email

(Month)

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Return

THE MUNICIPALITY USED FOR MAILE	NG PURPOSES, WHEN DIFFERENT THAN MUNICIP	PALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	<u>, </u>
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
DAUID F. ALCZEWSKI Je	David Fi Malegenski Jr	Street: 3022 5.94 + 57 City: WEST ALUS Zip: 53227	☐ Town ☐ Village	1 /13/20/2	Email
HICZEMSE! JE	Maleyenski Jr	City: WEST ALLIS ZID: 53227	City	(Month) (Day) (Year)	Email (4/4
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	Certification	n of Circulator	1 5 00-6	11//	(
1Chael Rya	all (c	ertify): I reside at Circulator's Residence - Street name and	UC WHST	Municipality)	Circulato
y circulated this recall petition and personally of with full knowledge of its content on the date in	btained each of the signatures on this paper of know of dicaged opposite his or her name. I know their respecti	at the signers are electors of the furisdiction or district represented by the information of the furisdiction of the furiod of the furisdiction o	officeholder named in this petition. I know to ag this certification is punishable under S.12.	hat each person signed 13(3)(a), Wis. Stats.	Pho

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569 Madison, WI 53

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Wadison, W15
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Ryan Hlavacek Sign: Sign:	Street: 500 W. Hampton Ave #314 City: Milwarkee zip: 53217	Town Village Stiry Milun Liee (Municipality Name)	II // 7/2011 (Month) (Day) (Year)	Email bassplayers Phone (4/4)4
Petiti KUSLY Bergfond Sign: Ky RAd	Street: 500 W Hampton Ave #314 City: Milwankel 21p: 53217	Town Village OCity MWMM (Municipality Name)	1 / 19/20 1 (Month) (Day) (Year)	Phone (414)4
Sign: Jacob Hlavacek	Street: 578 W166105 pinnaker Dr. City: Muskego zip: WI	Town Village WCity (Municipality Name)	\\\/2\\/20\\\\((\text{Month})\((\text{Day})\)\(\text{(Year})\)	Email Orgickel Phone (4/4)4
Print Richard Hlavacek Sign Robert	Street: S78 W 16610 Spinnaker Dr. Olivi Muskeg D zip: 53150	Town Utillage City (Municipality Name)	///23/2011 (Month) (Day) (Year)	Phone (4/4) 4
5. Print: Jama Placel SignLaura A Hlavacele]	Town Village Willage Williage Output O	/(/ 24/20_1\	Phone (414) 4
I Brian Gent2	Certification of Circulator Certify): I reside at 8101 W. Manitola S	+ +10 West Alli	<i>5</i> -	
(Printed Name of Circulator)	(Circulator's Residence Street Name and Nu	mber) (Circulator Muni	cipality)	Circulators, Please include your contact Phone
I personally circulated this recall petition and personally of	stained each of the signatures on this paper. I know that the signers are elector	rs of the jurisdiction or district represented by the	ne officeholder	Limes

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(Month)

(Day)

(Year)

(Signature of Circulator)

001291 (Official Use Only)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

THE MUNICIPALITY	Y USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY:	TY OF RESIDENCE, IS NOT SUFFICIENT.		Madison, WI 53
NAME & SIGNATURES OF ELECTORS 1.	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
Print CHERIC MUSA Sign Cury VMSa	Street: 8219 S. 42 nd ST City: FRANKLIN Zip: 53132	Town Village City FRANKLIN (Municipality Name)	11/20/2011 (Month) (Day) (Year)	Phone ()
Print: Michael Musq Sign: Michael Musq 3.	Street: 8219 5. 42nd st. City: Franklin 25px 53/32	Town Village City City (Municipality Name)	// 20/20 <u>//</u> (Moath) (Day) (Year)	Phone (
Sign: Brian Gertz 4.	Street: 8101 W. Manitobast #10 City: West Allis zip: 53219	Town village village City (Municipality Name)	01/07/2011 (Month) (Day) (Year)	Phone ()
Print: Pamela Papenbuss Sign: III 5.	street: 1020 E Elm Rd City: Oak Creek 74pt 53154	City Oak Creek (Municipality Name)	1 /10/20_1Z_ (Month) (Day) (Year)	Phone ()
Print:	Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
Brian Gertz	Certification of Circulator	410 1 015		
(Printed Name of Circulator)	(Certify): I reside at 8101 W. Mari + 06a S+ = (Circulator's Residence - Street Name and Num.	#10 West Allis		Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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(Signature of Circulator)

(Circulator Municipality)

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Please include your o

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to PO Box 2569 Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. PAUL WOYAK Sign: Paul O: U	Street: 646 & VILLAGE GREENL. City: OAK CREEK 21pt 53154	□ Town □ Village □ City □ CAK CREEK (Municipality Name)	//5/20 <u>/2</u> (Month) (Day) (Year)	Email Phone (4/4)
2. Print: MAULI Sign: Malli	5823-5545+415 Street: 16108MA 21pt WIS314	Town Village City UNDSAU (Municipality Name)	1520 <u>6</u> (Minth) (Day) (Year)	Email MORLI Phone Phone
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
4. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
	Certification of Circulator			<u> </u>
1 Brian Gentz JR	(certify): I reside at 8101 W. Manitoba	5+410 West.	Allis	Cinnellation
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu	mber) (Circulator Muni	icipality)	Circulators, Please include your conta

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(Month) (Day) (Year) (Signature of Circulator)

Please include your contac

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(Signature of Circulator)

(Name of Circulator)

(Year)

(Month)

(Day)

Return Commit PO Box

Email

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME O	E OF THE MUNIC	IPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		Madisor
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUT Rural address must also include box or fire n	e no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTAC
1. Sara Sagan 2. Jennue WARMS Becker	Sara Sagan	3027 W. Franklin Terrac	ace !	□ Town □ Village	1/10/2012	Email	
	V	city: Franklin Zip: 5	53132	City FRANKLIN	(Month) (Day) (Year)	Phone ()
2-JEANNE WARMS BECKER	Jeann Warmslucks	Street: 3627 W. Hilltop		☐ Town ☐ Village	1/10/20/2	Email	
	7	City: FRANK/IN-WI Zip: 5.		U Village SCity FRAHKLIN	(Month) (Day) (Year)	Phone ()
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CHUCK WARMS	BECKER	City: Zip:	L L	☐ City	(Month) (Day) (Year)	Phone ()
Buch Wander	Certification (of Circulator tify): I reside at 3627 W-4111	LTOP L	N FRANKL	1N	 Circula	ators , please in

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(Circulator Municipality)

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(Circulator's Residence – Street name and Number)

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Nancy L. Jacobs	And I got	Street: 1968 5. 72 nd St	□ Town □ Village	1/1/2012	Email	
		City: W45+1011,3 WJ Zip: 53219	ACity West All's	(Month) (Day) (Year)	Email	
		Street: 7020 L. 196011	☐ Town ☐ Village	1 /1/ /2012	Phone	
ling Gates	Twice bates	CINC 2057 211/2 20053299	Dish Ais	(Month) (Day) (Year)	Email	
1 (1)	C. Har	Street: 2676 5 83-28 5+ Apt. 7	Town Uillage	1 /11 /2012	Phone	
Tary Stolber	Jany Simula	city: West Allis WI zip: 53219		(Month) (Day) (Year)	Email	
Inul Cartur	Fire Botes Gang Stocker and Cur	street: 7911 W. Ollahuma Aue	Town Village Cult MIS	1 /13/2012	Phone	
		City: LLOST AMIS, WI Zip: 53219		(Month) (Day) (Year)	Email	
PAJ NO P		street: 7263 W Lindu	□ Town	1/13/20/17	Phone	
// Kel harmon	Mola Clapm	City: M. Wall & zip:	City MILWAVKEL	(Month) (Day) (Year)	Email \	
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Lillan in John Market		of Circulator	4 000	1		
WALLST RAND HALLST RAND (Name of Circu		tify): I reside at <u>83 ddw [Joward] (</u> (Circulator's Residence – Street name	and Number) Milwaw (Circulator)	/kel	Circulato	ors

(Signature of Circulator)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Metur in by Ja
!	Committee to
i	PO Box 2569
į	Madison, WI
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Circulators,
Please include your conta

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Scan D'Esposito Stan: dim D'Esposito	street: 6020 S Buckharn Ave #105	□ Town □ Village □ Ch Ahy (Municipality Name)	12/9/2011 (Month) (Day) (Year)	Email Set spos Phone (414)
2. Print:	Street:	□ Town □ Village □ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
Sign:	Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
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4	Certification of Circulator			

0	Certification of Circulator	
, (hristine Bielhe, (certify): I res	ide at 117 S. Floth St.	Milwaukee
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of t named in this petition. I know that each person signed the paper with full k ecall petition. I am aware that falsifying this certification is punishable un	nowledge of its content on the date indicated opposite his or her name. I l	sdiction or district represented by the officeholder know their respective residences given. I support this
$\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{2012}{\text{(Year)}}$	Martin Bulla	Page No (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 16 Committee to Recall PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFOR
1. Print: Heather Brinkley Signi Huture	street: 2521 FYSh Hatthey City: Madison 219: 53713	□ Town □ Village 図 City (Municipality Name)	(2 /10/2011 (Month) (Day) (Year)	Phone ()
Print: Vanessa Morgan Sign: Dann TM Bry	Street: 1807 W. Hopkins St Chy. Milwaukee 21, 53206	Town Village Will WAUKEE (Municipality Name)) 2/1 (/20 1/ (Month) (Day) (Year)	Phone ()
SIED OWN ROLERAT	street: 965/W, Beloit RD	Town Village City Mulwaukee (Municipality Name)	/1 /29/201/ (Monda) (Day) (Year)	Phone ()
4. Print: Susan Born Sign:	Street: 3740 N, 83 95+ City: Milwauko 21,5322	Town Village Milwawkee (Municipality Name)	1/5/20/12 (Month) (Day) (Year)	Phone ()
sign Lewis Holey	Street: 6723 N Bretweed Ave	□ Town □ Village ☑ City (Municipality Name)	//5/20 <u>/2</u> (Month) (Day) (Year)	Phone ()
	Certification of Circulator		i	
I CHRISTOPHER WEBENTHAL	(certify): I reside at 9657 W, BELOIT RD, #12	- MILWAUKEE,	WI	Classic Laboratoria

I personally circulated this recall petition an	d personally obtained each of the	he signatures on this paper. I k	now that the signers are electors	of the jurisdiction or district represented by the officehol	lder
named in this petition. I know that each pers	son signed the paper with full k	nowledge of its content on the	date indicated opposite his or he	er name. I know their respective residences given. I suppo	ort this
recall petition. I am aware that falsifying thi	is certification is punishable und	der S.12.13(3)(a), Wis. Stats.	1		
1 , 13	12017	Ad. 1.1	$\mathcal{A}V$	Page No. (Official Use Only)	<u> </u>

(Signature of Circulator)

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Day)

(Month)

(Circulator Municipality)

Please include your contact info in cas

Circulators,

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10
Committee to Recall Y
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY U		1712015011, 771 53701		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFOR
1. Print: KALPH LIEBENTAN	Street: 2 136 3, 415 4/15 57	☐ Town ☐ Village CCity	11/10/20 /1	Email
Son Salph Toppeding	av. Wary April 15 m. 5727	(Municipality Name)	(Month) (Ony) (Year)	Phone (2/14) 3/21 x
2. runt: Valerie Kegel	Street: 2132 S. 95 St	□ Town □ Village □ City	// //5/20 <u>/</u> /	Email
Styr. Valerie Regel	au West All 15 zu 53227	West Allis (Municipality Name)	(Month) (Day) (Year)	Phone (4/4) 32 7
Print: MICHAEL KEGEL	Street: 2/32 S. 95 ST	□ Town □ Village ☑ City	11 /15/20 <u>i</u> L	Email
Sign: This has Kegel	CHY. WEST ALLIS ZIP. 53227	WEST ALLIS (Municipality Name)	(Month) (Day) (Year)	Phone (4/4)327-
4. Prince LindaLiebenthal	Street: 9651 W Beloit Rd	□ Town □ Village □ City	11 / 15/20_11	Email
Sindo Lubenthal	an: Milwaukee zn: 53227	Municipality Name)		Phone ()
5. Angela Kessler	Street: 2629A S.777 5-4	□ Town □ Village © City	11 /2 6/ 20 <u>11</u>	Email
March Unit	City: WSt AlliS Zip: 53719	(Municipality Name)	(Month) (Day) (Year)	Phone ()
	Certification of Circulator			
CHAISTOPHER LIEBENTHAL, (certify): I reside at 9657 W, BELOIT RD, #12 MILWAUKE				

(Printed Name of Circulator) (Circulator's Residence – Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12, 13(3)(a), Wis. Stats.

(Month)

Page No. (Official Use Only)
#

Please include your contact info in ca.
Phone
(414) 687 Email

Circulators.

capper 42 @

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. STEVEN R. SCHMIOT	them R. Shindle	Street: 6142 5.27 5T. City: MILWAUKEE "11 5322	Town Village KCity MILLAUICEE	1 /11/20 <u>/2</u> (Month) (Day) (Year)	Email Phone
2. MARIAN OSWALD	Marian Oswald	OCARC 31 CTD	Town Utillage City Franklin	1 /13/20 <u>12</u> (Month) (Day) (Year)	Email Phone
anessa Kramasa	Marian Oswald Vanesta Kramaty Keir Trans	Street: 4000 W. ACTE AUL City: Franklin zip:53/32	Town Village Franklin) /13/20 <u>/2</u> (Month) (Day) (Year)	Phone (44
KEVIN KAMASI	Leir branos	Street: 4000 W. DCRE City: FRANKLIN Zip: 53/32	Town Village City FRANKLIN		Email Phone (414
	0	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone
.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
0.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
LINDA FRI	BER6 Certification (Ave Franklin	WI 53132	•
(Name of Circul	lator)	(Circulator's Residence – Street name and	d Number) (Circulator	Municipality)	Circulators Phone

∞(=300)9

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madi THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING DATE OF SIGNING CONT PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Rural address must also include box or fire no. 1. ☐ Village tranklin Phone City Franklin Email ☐ Town 6605 Cliffsid □ Village Phone City C (Month) (Day) (Year) Zip: 53407 (260 Email □ Town □ Village Phone **Z**City Email ☐ Town 4302 11 /24/20 1 ☐ Village Phone City City Milwankee (Month) (Day) (Year) zip: 53227 city:Milwankee Email 5320 S. 1245t. 53130 ☐ Town Village □ City Sue Villa Hales Comers Phone Hales Corners (414) 4 Email □ Town Bovillage Hales Corners Phone Hales Corners zip:53/30 Email ☐ Town ☐ Village Phone ☐ City

		City:	Zip:		, , , , , , , , , , , , , , , , , , , ,	
8.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
9.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
10. Patricia Letoakk	Datrius Let	syreet: 2554 S.94 City: West Allis	zip: 53337	Town Uvillage Becity West Alics	// /24/20_11 (Month) (Day) (Year)	Phone (4)
I,	Certification , (cer culator) obtained each of the signatures on this paper. I know that dicated opposite his or her name. Planov their respective	of Circulator tify): I reside at Circulator's Resident signers are electors of the jurisdiction or	Sherω lence – Street name and district represented by the	ood Dr. Frank d Number) (Circulator officeholder named in this petition. I know ing this certification is punishable under S.12	Municipality) that each person signed	Circulato Phor Ema

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja Committee to PO Box 2569 Madison WI

THE MUNICIPALITY I	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			i Wadison, Wi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Jahn)	Street: 7200 W Mayle Terrane	Town Village City (Municipality Name)	[/11/20 <u>11</u> (Month) (Day) (Year)	Phone (
2. Print: CHARLIE FUGATE Sign: Charlie Fugato	City: Wannalosa W. Zip: 53213 Street: 7728W. Dixon St. City: Milwautee zip: 53214	Town Village Peiry Milwack ex (Municipality Name)	1 /13/20 <u>12</u> (Month) (Day) (Year)	Phone ()
3. Print Brenda Stephens Sign: Bhanda Stephens	Street: 7728 W. Dixon ST. City: Milwaukee Zip: 53214	Town Village City (Municipality Name)		Phone ()
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
5. Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Email Phone
I, Gregory Walz-Chojnachi Printed Name of Circulator)	Certification of Circulator (certify): I reside at SOO7 16 rtlawd Are (Circulator's Residence – Street Name and No	Waywate (Circulator Mun.)SQ icipality)	Circulators, Please include your conta

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Ple	ase include you	r cor	itact
	Phone		
	(4H	_)_	4
	Email		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Month)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
Dustin Becker	Down Becker	Street: 514 Russell Dr City: Greenlale WI zip: 53/29	Town City Greendale	0 1 / 11 / 20 <u>A</u> (Month) (Day) (Year)	Email beck Phone 414
2.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
j. ·		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
Joyce Beeker (Name of Circular and personally obtained)	ator)		Orenda (Circulator M	Municipality)	Circulators Phone